



**COMMUNITY SERVICES DEPARTMENT-  
ENVIRONMENTAL HEALTH &  
ANIMAL SERVICES DIVISION**

**CITY OF SAN MARCOS ANIMAL SURRENDER FORM**

ANIMAL ID # \_\_\_\_\_

PEN # \_\_\_\_\_

**OWNER/PRESENTER INFORMATION:**  
**PLEASE READ BEFORE SIGNING**

**RELINQUISHING RECEIPT FOR ANIMALS SURRENDERED TO THE CITY OF SAN MARCOS ANIMAL SERVICES:**  
**I ACKNOWLEDGE THAT MY SIGNATURE ON THIS RECEIPT RELINQUISHES ALL CLAIMS OF OWNERSHIP OF THE ANIMAL(S) DESCRIBED BELOW. NEITHER MY FAMILY, ANY REPRESENTATIVES ACTING ON MY BEHALF, NOR I MAY ASSERT PRESENT AND/OR FUTURE CLAIMS, SUITS, OR DEMANDS AGAINST THE CITY OF SAN MARCOS. I AM ALSO AWARE THAT THE ANIMAL(S) MAY BE HUMANELY EUTHANIZED FOR ANY REASON INCLUDING: BEHAVIOR AND/OR ILLNESS, LACK OF SPACE OR LENGTH TIME OF BOARDING.**

**SAN MARCOS CITY ORDINANCE SEC. 6.015 FILING OF FALSE CLAIMS OR REPORTS.**

**(A) A PERSON COMMITS AN OFFENSE IF HE KNOWINGLY INITIATES, COMMUNICATES, OR CIRCULATES A CLAIM OF OWNERSHIP FOR AN ANIMAL WITH AN ANIMAL CONTROL OFFICER THAT HE KNOWS IS FALSE OR BASELESS.**

NAME \_\_\_\_\_ DOB \_\_\_\_\_ DL # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WK \_\_\_\_\_ CELL \_\_\_\_\_

OWNER SURRENDER: ☐ STRAY SURRENDER: ☐ DOG(S) \_\_\_\_\_ CAT(S) \_\_\_\_\_

BREED \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_ COLOR \_\_\_\_\_

COLLAR TYPE \_\_\_\_\_ COLOR \_\_\_\_\_

HAS THIS ANIMAL(S) SCRATCHED OR BITTEN ANYONE IN THE LAST 15 DAYS: \_\_\_\_\_? IF YES WHEN \_\_\_\_\_

IF STRAY WHERE DID YOU FIND \_\_\_\_\_

OWNER/PRESENTER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

IF THIS IS AN OWNER SURRENDER PLEASE FILL OUT THE QUESTIONNAIRE ON THE BACK OF THIS FORM.

